DEPARTMENT OF HEALTH AND HUI J SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 7/03/11

PRINTED: 05/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445013	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, CHATTANOOGA	2700 PARKWOOD AVE CHATTANOOGA, TN 37404

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation on May 17, 2011 at 11:15 a.m. revealed five (5) Hoyer lifts, three (3) chairs, two (2) rolling carts, two (2) wheelchairs, two (2) Blood Pressure stands and one (1) Geriatric chair stored in the corridor of station 3 hall.	K 072	K072 SS=D Corrective Action: 1. Unused gerichairs, wheelchairs, and lifts will be kept in patient rooms or closet areas when not in use. 2. Clean linen carts and soiled linen carts will be kept on one side of the hallway to keep from obstructing the corridor. Completed by: Identifying Other Patients / Areas No other areas were identified during the survey. Measures & Changes to be taken: 1. All staff will be inserviced on the importance of keeping obstructions out of the corridor and any items on one side of the corridor. To be completed by: Monitoring Performance: 1. The Administrator or designee will do a QA Study monthly x 2 to monitor for obstructions in corridors. Results will be reported monthly to the QA Committee consisting of Med Dir, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After initial 2 month monitoring, QA frequency may be reduced depending on results. To be completed by: K147 SS=D (See next page)	6/1/11 6/1/11 6/30/11 6/30/11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include:	K 147		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

5/31/11

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

JUN 01 2011

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K 147	Continued From page 1 Observation on May 17, 2011 at 11:45 a.m. revealed two (2) electrical junction boxes installed above the ceiling at station 3 corridors and one (1) above patient room 319 with exposed wiring with no covers in place.	K 147	K 147 SS=D Corrective Action: 1. The 2 electrical junction boxes installed above the ceiling at station 3 corridors and 1 above patient room 319 will have covers installed. To be completed by: Identifying Other Patients / Areas: 1. Maintenance Staff will conduct a building survey to be sure junction box covers are installed as required. To be completed by: Measures & Changes to be taken: 1. All Maintenance Staff will be inserviced on the importance of maintaing junction box covers. To be completed by: Monitoring Performance: 1. The Administrator or designee will do a QA Study monthly x 2 to inspect junction boxes above the ceilings in various areas throughout the building for electrical junction boxes to have covers. Results will be reported monthly to the QA Committee consisting of Med Dir, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After initial 2 month monitoring, QA frequency may be reduced depending on results. To be completed by:	6/1/11 6/30/11 6/30/11 6/30/11